

GIRL TALK | Mother-Figure Baseline Questionnaire— Administered at Postpartum

INTRODUCTION

1. ENTER FIRST NAME OF TEEN: _____
{Use this for pre-fill of (daughter/TEEN)}
2. ENTER TEEN ID NUMBER: _ _ _ _ _
3. RELATIONSHIP OF MOTHER-FIGURE TO TEEN (SELECT ONE):
 01. BIOLOGIC MOTHER
 02. STEP MOTHER
 03. FOSTER MOTHER
 04. GRANDMOTHER
 05. OTHER RELATIVE
 06. NONRELATIVE
 07. ADOPTIVE MOTHER
4. WHEN IS INTERVIEW ADMINISTERED?
 01. PRENATAL
 02. POSTPARTUM

SECTION X: MOTHER/GUARDIAN DEMOGRAPHICS

To begin the interview, I'd like to ask you some background questions. The first few questions are about you and your household.

1. What is your ethnic background or race? SELECT ALL THAT APPLY.
 01. BLACK, AFRICAN AMERICAN
 02. LATINA OR HISPANIC (ASK 1b)
 03. WHITE
 04. ASIAN
 05. SOME OTHER RACE (SPECIFY- ASK 1a)

(If Q1=02, ASK 1a)

1a. SPECIFY RACE _____

(If Q1=02, ASK 1b)

1b. When you said you were Latina, do you also consider yourself....

1. White,
2. Black, or
3. Another race?

2. In what month, day and year were you born?

___ / ___ / _____

3. Were you born in the United States?
 01. Yes
 02. No
4. How far in school did you go?
 01. 10th GRADE OR LESS
 02. 11th GRADE
 03. 12th GRADE
 04. GRADUATED FROM HIGH SCHOOL
 05. RECEIVED GED
 06. SOME COLLEGE
 07. COMPLETED COLLEGE
 08. GRADUATE OR PROFESSIONAL SCHOOL AFTER COLLEGE
5. How old were you when you were first pregnant?
 _____ years old **{LIMIT: MUST BE LESS THAN AGE OF R (calculate from Q2)}**
 NEVER PREGNANT **(SKIP TO Q11)**
6. How many pregnancies have you had?
 _____ # pregnancies
7. How many live births have you had?
 _____ # children **{LIMIT: MUST BE LESS THAN Q6.}**
(IF Q7=1, SKIP TO Q11) (LIMIT=0-99)
8. How old were you when you had your (first) baby?
 _____ years old **{LIMIT: MUST BE LESS THAN AGE OF R.}**

(IF INTRO Q.3=GRANDMOTHER, ASK Q.9gr & Q.9gr-a. ELSE, SKIP TO Q.9)

9gr. How many of your grandchildren or other children live with you?
 _____ #grandchildren/other children

9gr-a. Please give me the birthdates for your grandchildren/child or other children who live with you, and tell me if it is a grandson or granddaughter. (NOTE: LIVE BIRTHS) **(SKIP TO 9a)**

Please give me the birthdates for your children/child and tell me if it is a son or daughter. (NOTE: LIVE BIRTHS)

(PROGRAMMING NOTE: ASK 9A AND 9B FIRST FOR EACH CHILD. THEN, GO TO Q.10)

9a. What was the child's date of birth?*	9b. Is this a (grand)son or (grand)daughter?	10a. How many children did this child (grandchild) have when he/she was younger than 20? {LIMIT= 0-10}
01. ____ - ____ - ____	01. Daughter 02. Son	
02. ____ - ____ - ____	01. Daughter 02. Son	
03. ____ - ____ - ____	01. Daughter 02. Son	
** ...		
10. ____ - ____ - ____	01. Daughter 02. Son	

*(LIMIT: DOB MUST BE > MOTHER'S DOB (Q. A2).

** (PROVIDE # OF RESPONSE OPTIONS BASED ON # GIVEN IN Q.A7 OR, FOR GRANDMOTHER'S, Q.9gr)

10. Did any of your (grand)children have children when they were younger than 20?
- 01. Yes **{GO TO Q.10a ABOVE}**
 - 02. No **{SKIP TO 11}**

The next few questions are about religion.

11. Do you consider yourself...?
- 01. Christian, **{Go To 12}**
 - 02. Muslim, **{SKIP To 13}**
 - 03. Jewish, or **{SKIP To 13}**
 - 04. Something else? **{Go To 11a}**
 - 05. NONE **{SKIP To 13}**

11a. SPECIFY: _____ **{SKIP TO Q.13}**

12. Do you consider yourself...?
- 01. Catholic,
 - 02. Baptist,
 - 03. AME,
 - 04. Jehovah's Witness,
 - 05. Seventh Day Adventist,
 - 06. Pentecostal, or
 - 07. Other? **{Go to 12a}**

12a. SPECIFY OTHER. _____

13. About how often do you participate in worship services, church meetings, or other religious activities?
- 01. MORE THAN ONCE A WEEK
 - 02. WEEKLY
 - 03. ABOUT 2 OR 3 TIMES A MONTH
 - 04. ABOUT ONCE A MONTH
 - 05. LESS THAN ONCE A MONTH, BUT I'VE GONE IN THE PAST 6 MONTHS
 - 06. FOR SPECIAL RELIGIOUS HOLIDAYS AND EVENTS
 - 07. DO NOT ATTEND WORSHIP SERVICES/MEETINGS/OTHER ACTIVITIES
14. Does your religion or church disapprove of the use of birth control?
- Yes
 - No
15. Is **(daughter/TEEN)** currently living with you?
- 01. Yes **{SKIP TO Q17}**
 - 02. No
16. How long ago did she last live with you?
- _____ # of years
 - _____ # of months
- TEEN NEVER LIVED WITH M-F {SKIP TO Q21}**
17. How long has/did **(daughter/TEEN)** live(d) with you?
- _____ # of years
 - _____ # of months
99. ALL HER LIFE

18. During that time, was there ever a time when **(daughter/TEEN)** did not live with you for 6 months or longer?
01. Yes
02. No (**SKIP TO Q21**)

19. Were any of those times when **(daughter/TEEN)** was 11 years old or older?
Yes
No (**SKIP TO Q21**)

20. How many times did that happen? _____

{IF Q.15=01, THEN SKIP Q.21 & Q.22}

21. In the last 6 months or since **(daughter/TEEN)** moved out, about how often have you talked to her in person or on the telephone, or sent a letter to her?
01. Not at all **{SKIP TO Q.23}**
02. Once or twice
03. Several times
04. A few times a month
05. More than once a week
06. Don't know

22. In the last 6 months or since **(daughter/TEEN)** moved out, about how often has she stayed overnight with you?
01. Not at all
02. Once or twice
03. Several times
04. A few times a month
05. More than once a week
06. Don't know

23. Have you ever been married?
Yes
No (**SKIP TO Q25**)

24. How old were you when you were first married? _____

The next questions are about your marriages or serious relationships.

25. Since **(daughter/TEEN)** was born/has lived with you, how many marriages or serious relationships have you had?
_____ # relationships

26. Are you currently in a marriage or serious relationship?
01. Yes
02. No

(IF INTRO Q.3=BIOLOGIC MOM, ASK Q.27. ELSE, SKIP TO Q28)

Now thinking about **(TEEN)**'s biologic father.

27. In the last 6 months, have you talked to **(TEEN)**'s biologic father in-person or on the telephone or received a letter from him?
01. Yes
02. No
03. Yes, LIVES WITH BIOLOGIC DAD

28. In the past 6 months, has the teen's biologic father provided child support to you?
- 01. Yes
 - 02. No

Now I'd like to ask you about your household finances.

29. In the last 30 days, did you or any member of your household receive:		
Medicaid?	01. Yes	02. No
Food stamps?	01. Yes	02. No
TANF?	01. Yes	02. No
WIC?	01. Yes	02. No
Commodity Supplemental Food Program?	01. Yes	02. No
A housing subsidy or public housing/ Section 8?	01. Yes	02. No
Unemployment or worker's compensations?	01. Yes	02. No
Supplemental Security Income (SSI)?	01. Yes	02. No
Social Security or Railroad Retirement?	01. Yes	02. No
Day care vouchers or subsidy?	01. Yes	02. No

30. How many months in the last 12 months did you run out of money before the end of the month?
Would you say...
- None
 - 1 or 2
 - More than 2

31. Were there any days in the last 30 days when you had no food because you could not afford it?
- Yes
 - No

32. Is Child Protective Services, that is CFSA, working with any household family member?
- Yes
 - No **{SKIP TO SECTION Y}**
 - {IF REFUSED, SKIP TO SECTION Y}**

33. How is Child Protective Services, that is CFSA, working with your family? Would you say. . .
(SELECT ONLY ONE)

Periodic monitoring,
Required counseling,
Investigated and found no cause, or
Is the case closed?

SECTION Y: HOUSEHOLD PARENTAL MONITORING

Often your routines change over the course of a year. For the next few questions we want you to think about how things have changed from before **(TEEN)** was pregnant to the last 3 months of her pregnancy.

1. Were you working outside the home for pay, in the 6 months before **(TEEN)** was pregnant?
 - 01. Yes
 - 02. No
2. Were you working outside the home for pay in the last 3 months of **(TEEN)**'s pregnancy?
 - 01. Yes
 - 02. No

3. How often were you able to be home when **(daughter/TEEN)** got home from school, or the afternoons, in the 6 months before **(TEEN)** was pregnant? You may refer to this showcard. (HAND R SHOWCARD 1)
Would you say...
 01. Always
 02. Most of the time
 03. Some of the time
 04. Almost never
 05. Never
4. How often were you able to be home when **(daughter/TEEN)** gets home from school or the afternoons in the last 3 months of her pregnancy? You may refer to this showcard (HAND R SHOWCARD 1).
Would you say...
 01. Always
 02. Most of the time
 03. Some of the time
 04. Almost never
 05. Never
5. How often were you able to be home when **(daughter/TEEN)** went to bed, in the 6 months before **(TEEN)** was pregnant? Would you say...
 01. Always
 02. Most of the time
 03. Some of the time
 04. Almost never
 05. Never
6. How often were you able to be home when **(daughter/TEEN)** went to bed in the last 3 months of her pregnancy? Would you say...
 - Always
 - Most of the time
 - Some of the time
 - Almost never
 - Never
7. How often were you able to be home when **(daughter/TEEN)** got up, in the 6 months before she was pregnant? Would you say...
 01. Always
 02. Most of the time
 03. Some of the time
 04. Almost never
 05. Never
8. How often were you able to be home when **(daughter/TEEN)** got up in the last 3 months of her pregnancy? Would you say...
 01. Always
 02. Most of the time
 03. Some of the time
 04. Almost never
 05. Never
9. How many times in a typical week did you eat the evening meal with **(daughter/TEEN)**, in the 6 months before **(TEEN)** was pregnant?
_____ # times per week (LIMIT: 0-7)

10. How many times in a typical week did you eat the evening meal with **(daughter/TEEN)** during the last 3 months of her pregnancy?
_____ # times per week (LIMIT: 0-7)

SECTION Z: DRUGS AND ALCOHOL

The next few questions are about alcohol and other drugs.

1. On average, how many days a week do you drink alcohol, such as beer, wine, or liquor?

00. 0
01. 1
02. 2
03. 3
04. 4
05. 5
06. 6
07. 7
09. Less than once a week

2. On a typical day when you drink, how many drinks do you have?

(READ IF NEEDED: A drink is defined as one 12-ounce bottle of beer or wine cooler, one glass of wine, or 1.5 ounces of distilled spirits.)

00. 0
01. 1
02. 2
03. 3
04. 4
05. 5
06. 6
07. 7
08. 8
09. 9
10. 10
11. 11
12. 12 or more

3. What is the maximum number of drinks you had on any given occasion in the past month?

00. 0
01. 1
02. 2
03. 3
04. 4
05. 5
06. 6
07. 7
08. 8
09. 9
10. 10
11. 11
12. 12 or more

4. In the last year, how often did you smoke cigarettes?
 01. Daily
 02. 3-4 times per week
 03. 1-2 times per week
 04. Once a month
 05. Less than once a month
 06. Only once or twice
 07. Never
5. Are there any (other) tobacco smokers in your household?
 - Yes
 - No
6. Do you have any household rules about where people can smoke?
 - Yes
 - No

7a. In the past year, how often have you used marijuana?

01. Daily
02. 3-4 times per week
03. 1-2 times per week
04. Once a month
05. Less than once a month
06. Only once or twice
07. Never

7b. In the past year, how often have you used cocaine, crack, or any other drugs such as meth, ecstasy, or oxycontin?

01. Daily
02. 3-4 times per week
03. 1-2 times per week
04. Once a month
05. Less than once a month
06. Only once or twice
07. Never

Now think back before **(daughter/TEEN)** became pregnant.

	01. Yes	02. Maybe	03. No	04. Don't Know
8. Before (daughter/TEEN) became pregnant, did she use tobacco regularly, that is, once a week or more?				
9. Before (daughter/TEEN) became pregnant, did she ever drink beer or alcohol?				
10. Before (daughter/TEEN) became pregnant, did she ever use marijuana?				
11. Before (daughter/TEEN) became pregnant, did she ever use other drugs such as crack, cocaine, heroin or LSD?				
12. Before (daughter/TEEN) became pregnant, did she ever run away?				

SECTION AA: MOTHER/TEEN RELATIONSHIP & COMMUNICATION

Often the relationship between a mother and daughter before she is pregnant is different from their relationship during pregnancy.

Think back to the time before (daughter/TEEN) became pregnant. For these questions you may refer to this showcard. (HAND R SHOWCARD 2)

	01. Not at all or Hardly Ever	02. A Few Times	03. Sometimes	04. About once a day	05. More than once a day
1. In a typical week how often did you praise or compliment (daughter/TEEN) on things that she did before she was pregnant? Would you say...					
2. In a typical week, how often were you affectionate with (daughter/TEEN) such as hugging or kissing before she was pregnant? Would you say...					
3. How often did you have a good time with (daughter/TEEN) ?					
4. How often did you feel close with (daughter/TEEN) ?					
5. Still thinking back to before she became pregnant, in a typical week, how often did you feel good about what (daughter/TEEN) had done? Would you say...					
6. In a typical week, how often did you get angry at (daughter/TEEN) ? Would you say...					
7. How often did you criticize or nag (daughter/TEEN) ?					
8. How often did you shout or yell at (daughter/TEEN) ?					
9. How often did you and (daughter/TEEN) get into arguments?					
10. How often did you punish (daughter/TEEN) such as taking away her privileges like watching T.V. or talking on the phone?					

For these next questions, again, think back to before **(daughter/TEEN)** became pregnant.

Before (daughter/TEEN) became pregnant, how often did you talk with her about the following? For these questions you may refer to this showcard. (HAND R SHOWCARD 3).	01. Never	02. Rarely	03. Sometimes	04. Often
11. Before (daughter/TEEN) became pregnant, how often did you talk with her about pressure from peers to join in risky behavior? Would you say...				

12. Before (daughter/TEEN) became pregnant, how often did you talk with her about protecting herself from becoming pregnant? Would you say...				
13. How often did you talk with her about specific birth control methods?				
14. ...the time of the month when she most easily could get pregnant?				
15. ...protecting herself from Sexually Transmitted Diseases, STDs, STIs or AIDS?				
16. ...the role of sex in her relationships with boys?				

17. In the last 6 months which of the following things have you done with (daughter/TEEN) ?	01 Yes	02 No
a. gone shopping?		
b. gone to a religious service or church-related event?		
c. talked about someone she's dating?		
d. In the last 6 months, have you and (TEEN) gone to a movie, play, museum, concert, or sports event?		
e. talked about her friends or a party she went to?		
f. had a talk about a personal problem she was having?		
g. had a serious argument about her behavior?		
h. In the last 6 months, have you and (TEEN) talked about her school work or grades?		
i. talked about other things she's doing in school?		
j. worked on a school project or around the house together?		
k. had a vacation together?		

Please tell me how much you agree or disagree with each of the following statements about yourself. For these questions you may refer to this showcard. (HAND R SHOWCARD 4).	01. Strongly Agree	02. Agree	03. Disagree	04. Strongly Disagree
18. I know enough about sex and birth control to talk about them with (daughter/TEEN) . Do you...				
19. It would embarrass (daughter/TEEN) to talk to me about sex and birth control. Do you...				
20. It would be difficult for me to explain things if I talked with (daughter/TEEN) about sex and birth control.				
21. (daughter/TEEN) will get the information somewhere else, so I don't really need to talk to her about sex and birth control.				
22. Talking about birth control with (daughter/TEEN) would only encourage her to continue to have sex.				

23. Before **(TEEN)** delivered this baby, had you ever recommended a specific method of birth control to **(daughter/TEEN)**?

- 01. Yes
- 02. No
- 03. RECOMMENDED ABSTINENCE

24. Which of the following birth control methods have you or your partner used?

	<u>YES</u>	<u>NO</u>
a. Condoms?	01	02
b. Birth control pills?	01	02
c. Depo Provera (shots)?	01	02
d. Patch?	01	02
e. Norplant (implant)?	01	02
f. Vaginal ring?	01	02
g. Vaginal sponge?	01	02
h. Foam, jelly, cream, film, or suppositories?	01	02
i. Diaphragm?	01	02
j. IUD?	01	02
k. Rhythm, safe days of the month, or tempsafe?	01	02
l. Withdrawal?	01	02
m. Douching?	01	02
n. Abstinence?	01	02
o. Morning after pill?	01	02
IF YES: p. How many times? ____ times (RANGE 1-99)		
q. Tubal ligation?	01	02
r. Any other method of birth control?	01	02
IF YES: r. SPECIFY: _____		

25. What medical problems or side effects have you had with these methods?

- 01. NONE
- 02. MOOD CHANGES/DEPRESSION
- 03. WEIGHT GAIN
- 04. HEADACHES
- 05. BLEEDING BETWEEN PERIODS (MESSED UP PERIODS)
- 06. ACNE
- 07. HAIR LOSS
- 08. OTHER SIDE EFFECTS (ASK 8SP)
- 25SP. SPECIFY _____

26. What other problems have you had with those methods?

	<u>YES</u>	<u>NO</u>
01. Too expensive?	01	02
02. Too much hassle to use?	01	02
03. Too hard to get?	01	02
04. You were afraid of side effects?	01	02
05. Your partner didn't like it?	01	02
06. You didn't like it?	01	02
07. You thought it wouldn't work?	01	02
09. Other		
26SP: SPECIFY _____		

27. How do you rate your level of communication with **(daughter/TEEN)** about sexual issues?

Would you say...

- 01. We communicate much less than I want to about these issues.
- 02. We communicate a little less than I want to about these issues.
- 03. We communicate as much as I want to about these issues?

28. How do you rate your communication with **(daughter/TEEN)** about issues not related to sex?

Would you say...

- 01. We communicate much less than I want to about these issues.
- 02. We communicate a little less than I want to about these issues.
- 03. We communicate as much as I want to about these issues?

How often would it be true for you to make each of the following statements about (daughter/TEEN)? For these questions you may refer to this showcard. (HAND R SHOWCARD 5).	01. Most of the Time	02. Some of the Time	03. Rarely	04. Never
29. (daughter/TEEN) and you make decisions about her life together. Is that true...				
30. You just do not understand her. Is that true...				
31. You feel you can really trust her. Is that true...				
32. She interferes with your activities. Is that true...				

SECTION BB: MOTHER KNOWLEDGE OF TEEN & MONITORING

For these questions you may refer to this showcard. (HAND R SHOWCARD 6). How much do you <u>really</u> know about...	1. Don't know at all	2. Know a little	3. Know pretty much	4. Know a lot
1. who (daughter/TEEN) 's female friends are? Would you say you...				
2. who (daughter/TEEN) 's male friends are? Would you say you...				
3. how (daughter/TEEN) spends her money?				
4. what (daughter/TEEN) does with her free time?				
5. when (daughter/TEEN) has healthcare visits and whether she completes them?				

6. How many of the parents of **(daughter/TEEN)**'s friends have you talked to in the last 3 months? Would you say...
_____ (LIMIT=0-99)

7. INTERVIEWER: IS TEEN LIVING WITH MOTHER-FIGURE?
YES (READ SENTENCE A ONLY BELOW.)
NO (READ SENTENCES A & B BELOW.)

A: Please tell me how often it would be true for you to make each of the following statements.
B: If **(daughter/TEEN)** is not currently living with you, please think back to the most recent time when she was living with you.

For these questions you may refer to this showcard. (HAND R SHOWCARD 7).	01. Never	02. Rarely	03. Sometimes	04. Most of the Time	05. Always
8. I know where (daughter/TEEN) is after school or afternoons. Is this true...					
9. If (daughter/TEEN) is going to be home late, she is expected to call and let me know. Is this true...					
10. (Daughter/TEEN) tells me who she is going to be with before she goes out.					
11. When (daughter/TEEN) goes out at night, I know where she is.					
12. I talk with (daughter/TEEN) about the plans she has made with her friends.					

For these questions you may refer to this showcard. (HAND R SHOWCARD 7).	01. Never	02. Rarely	03. Sometimes	04. Most of the Time	05. Always
13. When (daughter/TEEN) goes out, I ask her where she is going.					
14. When (daughter/TEEN) is not at home, school or at work, I know who she is with.					

SECTION CC: EDUCATION GOALS FOR TEEN & TEEN'S SCHOOL

Now I'd like to talk about **(daughter/TEEN)**'s schooling.

Did (daughter/TEEN) ever attend any of the following?	01. Yes	02. No
1. Preschool		
2. Headstart		
3. Other group daycare		
4. Home daycare/Babysitter		

5. Does **(daughter/TEEN)** have a specific learning disability, such as difficulties with attention, dyslexia, or some other reading, spelling, writing, or math disability?

Yes

No {**SKIP TO 7**}

Don't Know {**SKIP TO 7**}

{**IF Q5=YES, ASK Q6**}

6. What is her disability?

01 READING PROBLEMS/DYSLEXIA

02 MATH PROBLEMS

03 ATTENTION PROBLEMS OR ADHD

04 LEARNING DISABILITY

05 SLOW LEARNER

06 BEHAVIOR OR EMOTIONAL PROBLEM

07 OTHER {ASK 6a}

6a. Specify Other: _____

7. In the 6 months before **(daughter/TEEN)** became pregnant was she receiving special education services?

01. Yes

02. No

03. Don't Know

For these questions you may refer to this showcard. (HAND R SHOWCARD 8).	01. Not important at all	02. Not very important	03. Somewhat Important	04. Quite Important	05. Very Important
8. As you think about (daughter/TEEN) 's future, how important is/was it to you that she graduate from high school? Would you say...					
9. How important is it to you that (daughter/TEEN) continues her education after high school? Would you say...					

For these questions you may refer to this showcard. (HAND R SHOWCARD 8).	01. Not important at all	02. Not very important	03. Somewhat Important	04. Quite Important	05. Very Important
10. How important is it to you that (daughter/TEEN) gets good grades in school?					
11. How important is it to you that (daughter/TEEN) gets a good job or be successful in a career?					

For the next few questions you may refer to this showcard. (HAND R SHOWCARD 9)

12. How likely is it that **(daughter/TEEN)** will graduate from high school? Would you say...

Not likely at all
Not very likely
Somewhat likely
Quite likely
Very likely

SHE HAS ALREADY GRADUATED FROM HIGH SCHOOL

13. How likely is it that **(daughter/TEEN)** will continue her education after high school? Would you say...

Not likely at all
Not very likely
Somewhat likely
Quite likely
Very likely

SHE IS ALREADY CONTINUING HER EDUCATION AFTER HIGH SCHOOL

14. As you think about her future, how likely is it that **(daughter/TEEN)** will get a good job or be successful in a career? Would you say...

Not likely at all
Not very likely
Somewhat likely
Quite likely
Very likely

15. How far do you want **(daughter/TEEN)** to go in school?

Would you say...

01. I want her to quit high school before she graduates

02. I want her to finish high school but not go on after that

03. I want her to go to a trade or vocational school after high school

04. I want her to go to college

05. I want her to go to a graduate school or professional school after college

Now I'm going to ask you some questions about **(daughter/teen)**'s school or the school she used to attend.

Please tell me how much you agree or disagree with each of the following statements about (daughter/TEEN) 's school. For these questions you may refer to this showcard. (HAND R SHOWCARD 10).	01. Strongly Agree	02. Agree	03. Disagree	04. Strongly Disagree
16. (daughter/TEEN) 's school places a high priority on learning. Do you...				
17. (daughter/TEEN) 's school is a safe place. Do you...				
18. (daughter/TEEN) 's school is a good school.				

Have you ever participated in...	01. Yes	02. No
19. a parent/teacher organization or PTA or other program at any of (daughter/TEEN) 's schools?		
20. a community organization, such as through church, a sorority, volunteer groups, step team, or other community organization?		
21. a regularly scheduled social group such as bridge or other card game, sports group or other social group?		

22. Have you ever participated in school fund-raising or done volunteer work for **(daughter/TEEN)**'s school, such as supervising lunch, chaperoning a field trip, etc?

Yes

No

SECTION DD: NEIGHBORHOOD

Finally I have a few questions about your present neighborhood.

Please tell me whether each of the following statements is true or false about your present neighborhood.	01. True	02. False
1. You live in this neighborhood because you can afford better housing here than you could afford in other neighborhoods. Is this true or false?		
2. You live in this neighborhood because there is less crime in this neighborhood than there is in other neighborhoods. Is this true or false?		
3. You live in this neighborhood because this neighborhood is close to your friends or relatives.		
4. You live in this neighborhood because the schools here are better than they are in other neighborhoods.		
5. You live in this neighborhood because you (or your spouse or partner) were born in this neighborhood. Is this true or false?		

6. Do you feel safe in this neighborhood?

01. Yes

02. No

	01. Yes	02. No	03. IT DEPENDS
7. If you saw a neighbor's child getting into trouble, would you tell your neighbor about it?			
8. If a neighbor saw your child getting into trouble, would your neighbor tell you about it?			

9. Would you like to move away from this neighborhood?

01. Yes

02. No

03. Maybe

Thank you. That is all the questions we have for you today.